237

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code
Filing fee: $25.00.

FILED EFFECTIVE

2017 AUG 29 AM 8:10

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

DENT PROS

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) AGIS AUTO Services Inc (Address) 1240 CEDAR AVE LEWISTON ID 83

(Name) (C113208) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- [x] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Construction
- [ ] Agriculture
- [ ] Manufacturing
- [ ] Transportation and Public Utilities
- [ ] Mining
- [ ] Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

DENT PROS
(Name)
1240 CEDAR AVE
(Address)
LEWISTON, ID 83501
(City) (State) (Zip Code)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)
(Address)
(City) (State) (Zip Code)

Printed Name: CLINT ROGERS
Signature: Clint Rogers

Printed Name:
Signature:

Printed Name:
Signature:

Rev 08/2013

Secretary of State use only

IDAHO SECRETARY OF STATE
08/29/2017 05:00
CK:13773 CT:344854 BH:1600363
1@ 25.00 = 25.00 ASSUM NAME #3

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